## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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30623 7500 03/16/2010 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. 1 hereby certify that this Ferdy adaptated proposed with the United NNE FINANCIAL CENTER

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(Depositor's name) (Signata (Date)

APPT ICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/629.048 07/28/2003 Stuart Brown 26859-002HTTL 7394

TITLE OF INVENTION: TISSUE AND FLUID SAMPLING DEVICE

nonprovisional  EXAMIN  STOUT, MIC		\$755 ART UNIT	\$300 CLASS-SUBCLASS	\$0	\$1055	06/16/2010	
		ART UNIT	CLASS-SUBCLASS	1			
STOUT, MIC							
	HAEL C	3736	600-564000				
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Jerophysical Control of the Address' Indication form PTO/SB/123 indication for Tee Address' Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up te 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		ra 2	2	

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNER

Please check the appropriate assignee category or categories (will not be printed on the patent):	Individual	Corporation or other private group entity	Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached. Dublication Fee (No small entity discount permitted) ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form.)

— (enclose an Advance Order - # of Copies \_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Offi

May 4, 2010 Authorized Signature Registration No. \_ 42,306 Typed or printed name Ingrid A. Beattie

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